



VA Puget Sound Health Care System American Lake Division

Clinical Psychology Postdoctoral Residencies 2015 - 2016



Community Living Center
VA Puget Sound, American Lake



**Department of
Veterans Affairs**

Affiliated with the University of Washington

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TRAINING COMMITTEE

Patrick D. Sylvers, Ph.D.

Chair, Psychology Training Committee
Director, Psychology Training

Amanda Wood, Ph.D.

Vice Chair, Research Training

Zeba Ahmad, PhD

Vice Chair, Diversity Training

Margaret Schwartz Moravec, PhD

Vice Chair, Supervision Training

Kristen Perry, PhD

Lecture Series Coordination

Janna L. Fikkan, PhD

Vice Chair, Psychology Training Committee
Associate Director, Psychology Training

Ruth Varkovitzky, Ph.D.

Vice Chair, Education

Mary Catherine Kane, PhD

Vice Chair, Interprofessional Training

Brett Parmenter, PhD, ABPP

Vice Chair, Assessment Training

Natalie Dong, PhD, ABPP

Deputy Psychology Chief, Ad Hoc Member



Entrance, American Lake Division

ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM

Overview

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency and public service. As the primary referral site for VA's northwest region, VA Puget Sound provides care for Veteran populations encompassing Alaska, Washington, Idaho and Oregon. Since its inception, VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country. We consider it our privilege to serve the health care needs of more than 80,000 Veterans living in the Pacific Northwest.

In addition to two divisions located at American Lake and Seattle, VA Puget Sound offers services at community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis).

Mission

Honor America's Veterans by providing exceptional and innovative care that improves their health and quality of life.

Vision

The Veterans Health Administration will continue to be the benchmark of excellence and value in health care. Our Mental Health Service strives to provide services reflective of the latest technologies in patient-centered and evidence-based care. We provide this care in engaged, interprofessional teams who support learning, discovery and continuous quality improvement. Our efforts also emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

Core Values

Compassion, Commitment, Excellence, Professionalism, Integrity, Accountability, Stewardship



More information on the VA Puget Sound Health Care System can be found at:
<http://www.pugetsound.va.gov>

ABOUT THE AMERICAN LAKE DIVISION

The VA Puget Sound Health Care System (VAPSHCS) is comprised of two divisions (American Lake and Seattle), each with its own Psychology Training Program. The American Lake Division of VAPSHCS is located in Lakewood, a major suburb of Tacoma, Washington. Nestled along 1.8 miles of the beautiful American Lake shoreline with Mt. Rainier standing to the East, this Division enjoys one of the most beautiful settings in the VA system. The 378 acres of medical center grounds include 110 acres of natural habitat, 8 acres of lawns, and a 55-acre golf course.



Medical Center Grounds

The American Lake campus was founded in 1923 as the 94th Veterans Hospital built by the War Department for the provision of care to World War I Veterans. The Secretary of the Army authorized, under a revocable license, the Veteran Bureau's use of 377 acres of the 87,000 acre Fort Lewis Army Base property.

The planning committee chose a site on the western shores of American Lake and aspired to build a facility that was both functional and esthetically pleasing. They chose a Spanish-American architectural style reminiscent of the United States early military structures, such as the Alamo. Many of the stucco and terra cotta buildings are listed on the National Register of Historical Buildings, and are still enjoyed by both patients and staff for their beauty.

The medical center was dedicated in 1924 and chartered with a single mission— neuropsychiatric treatment. On March 15, 1924, the first 50 patients were admitted to the hospital, by transfer, from Western State Hospital at Fort Steilacoom. Over the years, American Lake has grown from its original mission to a national leader in integrated health care.



Club House, Veterans Golf Course

Psychologists, physicians, social workers, nurses and ARNPs, dentists, rehabilitative medicine, physician assistants, and auxiliary staff make up the approximately 800 individuals employed at this campus. American Lake's Psychology Training Program has been training pre-doctoral psychology interns since the 1950s. The inaugural year of the postdoctoral residency in clinical psychology will be the 2014-2015 training year.

THE TRAINING PROGRAM

Accreditation Status

The Postdoctoral Residency in Clinical Psychology at American Lake is in its initial training years and intends to seek accreditation by the Committee on Accreditation of the American Psychological Association.

Questions related to APA accreditation should be directed to the Committee on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaacred@apa.org
Web: <http://www.apa.org/ed/accreditation>

Overview

The Postdoctoral Residency in Clinical Psychology at American Lake provides intensive clinical, administrative, and research training. We view psychology as a leadership profession that drives innovations in clinical care and mental health research. Our training program is open to graduates of APA-Accredited Doctoral Programs who have also completed an APA-Accredited Internship Program or an unaccredited VA internship training program. We currently offer 4 training tracks: Geropsychology (2 positions), Neuropsychology (2 years, 1 position per year), Primary Care/Pain Psychology (1 position), and Posttraumatic Stress Disorder (1 position). Residents are accorded initial responsibilities commensurate with their skill levels at the beginning of the training year. During the training cycle, they can anticipate being challenged to enhance their skills, learn new techniques, and assume greater responsibilities. By the end of each training year, residents are expected to function as full contributing members of the clinical team and be prepared for independent practice. This "hands-on" experience forms the foundation for professional training offered at this facility.

Psychology Setting

The Psychology Service at the VA Puget Sound Health Care System is comprised of over 100 psychologists, 42 of whom are assigned to the American Lake Division. American Lake's Psychology Service, under the leadership of Dr. Natalie Dong, is primarily affiliated with the larger Mental Health Service Line, though consists of additional staff that cut across service lines (e.g., Addictions; Geriatrics and Extended Care; General Medicine Service; Rehabilitation Medicine; and Primary Care).

Training Model and Program Philosophy

The postdoctoral residency at American Lake is based upon the Scientist-Practitioner model. We subscribe to the belief that psychologists pursuing a career in clinical work should implement empirically-based practices and be discriminating consumers of the treatment literature, and that those who engage in research should understand the complexities of clinical work when designing and implementing their studies. Accordingly, while clinical care is the primary focus of the training year, residents are encouraged to participate in research and program evaluation activities to complement this training.

Program Goals and Objectives

The Postdoctoral Residency in Clinical Psychology has three overarching goals:

1. Residents will develop the full range of skills required for independent functioning as a clinical psychologist in their respective specialty area.
2. Residents will receive the advanced training necessary to serve as a leader in their respective specialty area.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in their respective specialty area.

Competencies are defined by the general advanced competence domains identified by the National Postdoctoral Association. Specifically, residents are expected to demonstrate, by the end of the year, competence in the following areas:

Core Competencies

Specialty-Specific Conceptual Knowledge: Residents must demonstrate a detailed and broad base of established and evolving knowledge within their specialty area. They should understand the strengths, limitations, gaps, and challenges within their specialty area. Their knowledgebase should also be cross-disciplinary.

Scientific Knowledge: Resident must demonstrate the ability to understand and conduct sound research. As such, residents must critique and integrate scientifically derived knowledge, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and lifespan human development into their clinical practices.

Communication: Residents must demonstrate the ability to effectively communicate their thoughts in a way that patients and colleagues readily understand. They must also demonstrate the ability to communicate clearly to professionals at all levels – from administrative support professionals to senior leadership.

Professionalism: Resident are expected to adhere to accepted professional standards and practices within their immediate workplace, discipline, and specialty area. They must demonstrate the ability to identify and manage interpersonal conflicts and ethical dilemmas in the workplace. They must also demonstrate the ability to respect, evaluate, and enhance the intellectual contributions of team members.

Leadership and Management Skills: Psychological services are delivered in the context of an organization, be it public or private, and a resident should demonstrate an awareness of the forces that impact the health care setting in which they operate. Within this VA system, she/he should become aware of management issues such as quality improvement, patient satisfaction, outcome measurement, clinical efficiency, and cost effectiveness. The resident must also demonstrate leadership skills to include motivating others, serving as a role model to junior trainees, and identifying programmatic goals.

Sensitivity to Individual and Cultural Diversity: Residents must demonstrate an awareness of and sensitivity to cultural differences, (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, or social economic status), especially as those differences inform the interpretation of assessment results and therapy approach. Resident must demonstrate awareness and sensitivity in working professionally with diverse individuals, groups, and communities. He/she must have an awareness of when to seek consultation about these matters.

Ethical and Legal Awareness and Conduct: Resident must be knowledgeable of ethical and legal issues and must recognize and act appropriately when these issues arise, showing good professional judgment. As such, he/she should be intimately familiar with the American Psychological Association's ethical code, State of Washington law, and VA ethical standards by the end of the training year. She/he must have an awareness of when to seek consultation about these matters.

Supervision: Resident possesses knowledge of various models of supervision and is able to apply and/or articulate strategies for the implementation of a supervision model in practice. Resident has additionally demonstrated awareness of relevant ethical, legal, and professional standards and guidelines of supervision. If resident has provided supervision to less advanced trainees, this has been done in a manner that is effective, professional, and ethical. Resident demonstrates appropriate use of consultation with superiors, balancing role as both supervisor as well as supervisee.



THE TRAINING YEAR

Program Structure

The postdoctoral residency begins in **September** every year. **The dates for the 2015-2016 training year are September 7, 2015 to September 2, 2016.** Specific track information is listed following the general program description.

Seminars and Educational Offerings

Education is an integral part of the training year, with a variety of available opportunities. Psychology residents play an important role in shaping these didactic and other educational experiences by completing evaluation forms and participating in periodic reviews with the Training Director(s).

Core Postdoctoral Residency Seminars:

Postdoctoral Seminar Series: Residents will participate in **monthly** didactic seminars pertaining to development of competencies as a professional, independent clinical psychologist. These seminars will be facilitated by Drs. Sylvers and Fikkan (Training Directors) and cover topics including ethical practice, preparation for EPPP and licensure applications, ABPP certification, among others.

Specialty Track Seminar Series: Residents will attend **weekly** seminars in their specialty track. These seminars will be provided by track faculty along with other invited guest speakers, and include a range of topics germane to the specialty track.

Interprofessional Didactic Series: The Interprofessional Didactic Series is a monthly training in collaboration with the VA Seattle and Boise Divisions. These trainings focus on issues related to providing patient-centered care and learning to work seamlessly with providers from other professions, such as psychiatry, nursing, social work, and occupational therapy. These seminars are coordinated by Dr. Mary Catherine Kane. **This is a required training activity.**

Geriatric Research, Education, and Clinical Center Seminar Series: The GRECC Seminar Series is a monthly continuing education program for the psychology faculty and trainees at the American Lake Division. Topics and presenters are quite varied although the primary focus is memory disorders. Presenters are drawn from within the VA, nearby educational and governmental institutions. **This is an optional training activity.**

Steven C. Risse Memorial Lecture Series: The Risse Lectures is an annual seminar series co-sponsored by the psychology training program at American Lake. This series provides half- and full-day trainings on a variety of mental health topics relevant to VA providers. **This is a required training activity.**

UW Psychiatry Grand Rounds: Grand Rounds is a Department of Psychiatry & Behavioral Sciences Continuing Medical Education program, which consists of a series of educational lectures. Speakers at the Grand Rounds include both Department faculty and speakers from other institutions around the country. **This is an optional training activity based on relevance to resident's interest.**

Madigan Professional Development Series: The American Lake Division enjoys a strong training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McCord. American Lake interns are regularly invited to join active duty Army psychology interns and residents for a number

of educational and training experiences over the course of the training year. **This is an optional training activity based on relevance to resident's interest.**

Other Off-Site Training Opportunities: Additional off-site training opportunities are available over the course of the training year through the University of Washington, Seattle Division of the VA Puget Sound Health Care System, Western State Hospital, as well as other local trainings/experiences. In addition, interns are encouraged to participate in unsponsored training and academic experiences such as the APA annual conference and Washington State Psychological Association. These events may be approved for Authorized Absence on a limited case-by-case basis.

Supervision

Formal supervision (i.e., scheduled face-to-face individual contact) is provided for at least two hours per week. Two additional hours per week of structured supervision and/or various forms of on-the-spot consultation and supervision (e.g., group observation, co-facilitation and debriefing, team meetings, staff meetings, ongoing case consultation and supervision forum, and consultation with the Training Director) are also provided. Overall responsibility and coordination of supervision and training rest with the Psychology Training Directors at American Lake, in conjunction with the Training Committee and the Deputy Chief, Psychology Service.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, with the supervisory process being central to that experience. A training agreement is negotiated between the resident and supervisor at the beginning of the year, addressing the content and goals of the rotation and focus of the supervisory sessions. The supervisor's goal is to establish a collegial supervisory relationship in which both participants benefit professionally from the experience. A formal quarterly discussion between the resident and their supervisors addresses progress in meeting specified goals and allows for mid-course corrections as needed.

In a variety of training settings, Residents also have the opportunity to develop supervision skills by participating in vertical supervision and consultation. The residency program is committed to providing training and supervised experience using competency-based supervision with interns from our APA accredited internship program. Vertical supervision and consultation opportunities are designed to address the specific training needs identified in each Resident's training plan, targeting the development of competence in specific supervision skills.

Evaluation

Each supervisor provides quarterly, formal evaluations of the resident's performance. These evaluations are based not only upon the core and specialized competencies, but also upon the achievement of the agreed upon goals and professional performance expectations that served as the focus of supervision throughout the year. These evaluations are discussed by the supervisors and resident and can be modified by their consensus. Evaluations are retained after the residency is completed and provide a basis for letters of recommendation.

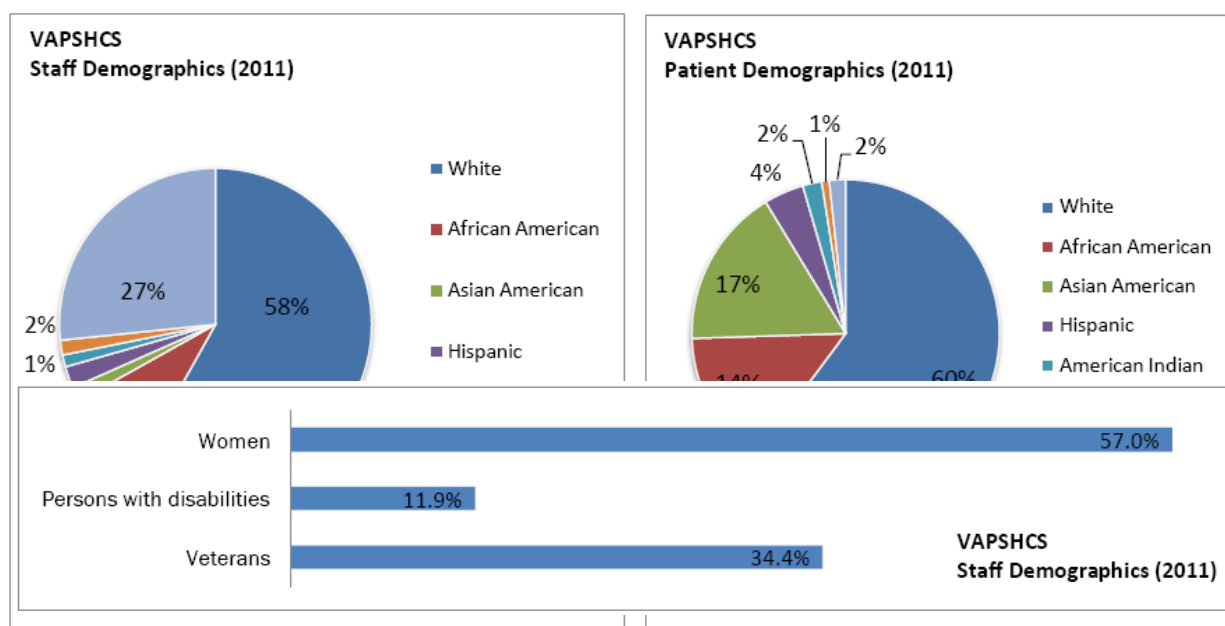
Diversity

The psychology training program at VA Puget Sound American Lake is sensitive to individual differences and diversity, and is committed to practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity, and strive to foster an environment that actively promotes diversity (e.g., age, disability, ethnicity, gender, gender identity and expression, language, national origin, race,

religion, culture, sexual orientation, or social economic status). Moreover, the concept of diversity is a central component of the internship training experience.

Training Experiences: A number of clinical and training opportunities exist within the program, including taking part in the American Lake Diversity Committee and the Diversity Mentoring Program. The Diversity Committee is part of a national network of VA workgroups that challenge trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices. The Diversity Mentorship program pairs trainees with a psychology staff member for the purpose of receiving ongoing mentorship and support related to multi-culturally informed clinical practice, as well as professional identity development. Awareness of and sensitivity to individual and cultural diversity is a core competency in this program. Dr. Zeba Ahmad serves as the Chair of the Diversity Committee.

Community Experiences: The Pacific Northwest has a history of richness in diversity. Washington State is home to over 60 Native American tribes, and has one of the highest concentrations (nationwide) of military personnel with Joint Base Lewis-McCord (Army/Air Force) just a few miles away from American Lake. Rich in the arts, the greater Puget Sound is home to a wide range world class venues to include Seattle Symphony, Pacific Northwest Ballet, Seattle Art Museum, Tacoma Museum of Glass, UW Arts Series, Seattle Men's & Women's Chorus, Bumbershoot and Folk-life Festival, to name a few.



As the American Lake Psychology internship program enjoys a long history of providing excellent training, it is well-integrated into the VA Puget Sound and VISN 20 Northwest Network training infrastructure. The full resources of VA Puget Sound, affiliated with the University of Washington, are available to trainees in this program. The Psychology Training Program at American Lake has had training exchanges with Joint Base Lewis McCord and Western State Hospital, as well as the Seattle Division of the VA Puget Sound Health Care System, local Veterans Centers, and VA Community Based Outpatient Clinics. The Center for Education and Development at VA Puget Sound oversees all academic and continuing education activities for our facility, which includes over 1,600 academic trainees and more than 2,700 employees. There are two branch libraries as well as our medical media services.

In addition to the interprofessional core clinical staff and faculty, trainees receive support from administrative staff. Mental Health Service at American Lake has allocated necessary clinical space and equipment to insure high quality training in the service of veterans' healthcare. There is dedicated office space as well as laboratory space in the research areas. State of the art equipment made available for the training program includes computers for staff, phones, video teleconference, FAX machines, and copy machines. The medical record is completely computerized at this facility, so appropriate training and ongoing resources for using it effectively is available as are a full selection of psychological assessment materials.

Supervisory staff meet monthly to review residents' progress as well as to discuss general issues related to the training program.

Requirements for Completion

Consistent with APA Guidelines and Principles, we have identified clear minimum levels of achievement:

In order for residents to successfully complete the program they must:

- Residents are rated on a Likert-type scale ranging from "1" (Unsatisfactory Resident Performance) to "4" (Above Expectations).
- For all training rotations, obtain ratings of at least a "2" ("Close supervision and substantial training required") in 100% of the Competency Rating areas on the Quarterly Rotation Evaluations and obtain ratings of at least a "3" ("normal expectations") on 100% of the Competency Ratings areas on the Supervisor's End of the Year Rotation Evaluation.
- No items in Competency Ratings areas will be rated as a "1" ("Unsatisfactory Resident Performance") at any point.
- Attend and actively participate in each of the required seminars and training activities listed above.
- Demonstrate progress in those Competency Ratings areas that have been rated at a "3" or lower.
- Not be found to have engaged in any significant ethical transgressions.

Administrative Policies and Procedures

Leave: See OAA national policies, as well as the Office of Personnel Management (<http://www.opm.gov>) for full information on leave and benefits for VA personnel. Authorized Absence may be applied for and is reviewed on an individual basis.

Privacy: We will collect no personal information about you when you visit our website.

Due Process: Impairment and grievance procedures are consistent with VA Human Resource regulations.

Stipend: Residents receive a competitive stipend paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas. The last stipend increase went into effect in February, 2010. Currently, the stipend at American Lake is \$45,070 annually.

Benefits: Residency appointments are for 2080 hours, which is full time for a one year period. American Lake's Residency begins September 7, 2015. VA residents are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

Holidays and Leave: Residents receive 10 annual federal holidays. In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as a resident, for a total of 104 hours of each during the year.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Requests for Authorized Absence are reviewed on a case by case basis by the Training Directors.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a pleasant, residential suburb of Tacoma, Washington. Lakewood, a city of about 58,000 people, is located within Pierce County (population of 795,225). Downtown Tacoma is 13 miles from Lakewood, and Seattle is about an hour away by freeway.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, some of which include Joint Base Lewis-McChord (Army/Air Force). In fact, the American Lake Division shares its border with Joint Base Lewis-McChord (JBLM). JBLM is a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. The joint base was established in February 2010 from the merger of two previously separate but geographically contiguous military bases: the Army's Fort Lewis and the Air Force's McCord Air Force Base. JBLM has more than 25,000 soldiers and civilian workers. The post supports over 120,000 military retirees and more than 29,000 family members living both on and off post. Fort Lewis proper contains 86,000 acres, while McCord Field sits on approximately 3,712 acres. The principal Army maneuver units stationed at JBLM are U.S. I Corps, 2nd Brigade, 3rd Brigade and 4th Brigade 2nd Infantry Division; all of which are constituted as Stryker brigades. It is also home to 17th Fires Brigade, the 62nd Medical Brigade, the 593rd Sustainment Brigade, the 555th Engineer Brigade, the 42nd Military Police Brigade, the 201st Battlefield Surveillance Brigade, the 11th Signal Brigade, the I Corps NCO Academy, Headquarters, the Western Region Cadet Command, the 1st Personnel Support Group, 1st Special Forces Group (Airborne), 2d Ranger Battalion, the 75th Ranger Regiment, and Headquarters, 5th Army (West). Air Force units on JBLM (at McCord Field) include 62nd Airlift Wing, 446th Airlift Wing. The 1st Air Support Operations Group provides Air Liaison Officers for I Corps.

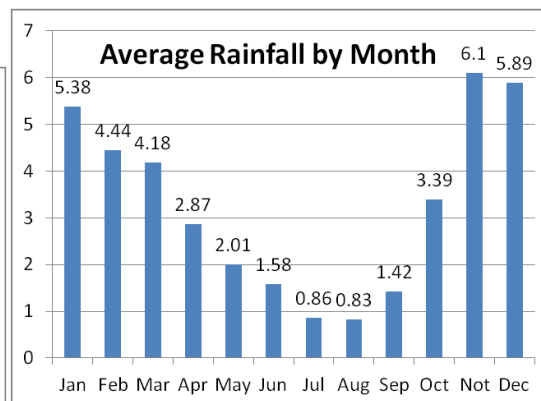
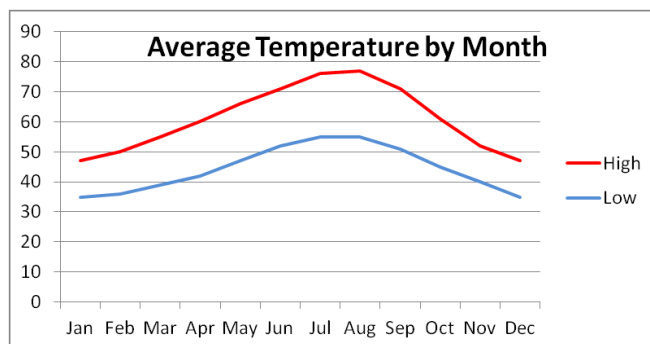
Housing

For Pierce County, the median 3 bedroom house price is around \$270,000. Because of our proximity to two military bases, there is a broad range in the rental market. The median studio rental price is \$648/month; median 1 Bedroom rental price is \$750/month; median 2 Bedroom rental price is \$895/month; median 3 Bedroom rental price is \$1200/month.

Some interns prefer to live in the urban areas instead of the suburban neighborhoods. Downtown Tacoma or Seattle would provide this for you. Seattle (King County) rental prices are higher than Pierce County. In Seattle proper, the median 3 bedroom house price is around \$405,000. The mean studio rental price in Seattle is \$1022/month; median 1 Bedroom rental price is \$1245/month; median 2 Bedroom rental price is \$1475/month; median 3 Bedroom rental price is \$1750/month.

Climate

The area enjoys a temperate marine climate with infrequent summer and winter extremes. Although rainy days are frequent during the winter months, rainfall amounts are typically light to moderate. There is usually at least a few days of snow at sea level during the winter months.



Transportation

Most employees commute by car and are rarely more than 25 minutes driving time from American Lake, but some do commute from Seattle. The local bus system provides regular transportation throughout the Tacoma area. Seattle-Tacoma International Airport, 25 miles away, provides worldwide travel through many commercial airlines on frequent schedules. Rail and bus travel is similar to that of other major US cities.

Recreational Facilities

"Sea level to ski level in two hours" is no exaggeration. Puget Sound, which is five miles away, has 20,000 shoreline miles with bays, coves, and islands to attract the boating, fishing, and clamming enthusiasts. Mount Rainier (14,400 ft), Crystal Mountain, Alpental, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. Sekiu, Westport, LaPush, and other Pacific Ocean sites provide excellent deep sea fishing for salmon and bottom fish. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round. The range of outdoor activities is extensive; among the most popular are skiing, boating, biking, fishing, backpacking, and mountain climbing. The scenic beauty of the Cascade and Olympic Mountain ranges, the ocean, Puget Sound and its islands, and many national and state parks are all easily accessible over excellent highways.

Entertainment

Tacoma and Seattle have many fine restaurants and nightspots, some of which are even affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound. Several new art centers have recently been completed. Spectator sports of all kinds are available within the Seattle-Tacoma area, including college and professional baseball, basketball, soccer, and football, as well as horse, automobile, and hydroplane racing. The Tacoma Dome provides many exciting events including ice hockey, rodeos and exhibitions as well as wide ranging concerts.

Culture and the Arts

The Tacoma and Seattle area also hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Although most of these outings carry an admission fee, many of the public venues have free admissions on certain days of the month. Free

museum days, for example, are on the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma. For more information on the diversity of offerings in the Pacific Northwest, please visit the Chamber of Commerce sites below:

TACOMA

<http://www.traveltacoma.com/>

PORTLAND

2 ½ to 3 hour drive

<http://www.travelportland.com/>

SPOKANE

4 ½ to 5 hour drive

<http://www.visitspokane.com/>

BRITISH COLUMBIA

4 to 4 ½ hour drive to Vancouver; 2 to 3 hour boat to Victoria

<http://www.hellobc.com/>

APPLICATION PROCEDURES

Requirements for consideration for a position in our training program include:

- 1) Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at: www.psychologytraining.va.gov/eligibility.asp
- 2) Completion of an APA approved graduate program in clinical, counseling, or professional-scientific psychology
- 3) Completion of an APA-accredited pre-doctoral internship.
- 4) U.S. Citizenship
- 5) completion of our application materials

Note: All applicants who are male U.S. citizens born after December 31, 1959 who are not otherwise exempt must show proof of Selective Service registration as part of their VA application. Acceptance of residents is contingent upon the results of a background check and possible drug screening.

Required application materials must be submitted by:

Geropsychology Track:	January 1, 2015
Neuropsychology Track:	January 15, 2015
Chronic Pain/Disease Track:	January 9, 2015
Posttraumatic Stress Disorder Track	January 9, 2015

These include:

1. Graduate Transcripts
3. Three Letters of Recommendation
4. Curriculum Vita
5. Work sample: One de-identified clinical case conceptualization that includes diagnostic formulation, treatment goals, intervention strategy, and how clinical choices were informed. For the neuropsychology track, please submit one de-identified comprehensive assessment report.

All application materials should be uploaded to the APPA CAS system:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Candidates will be notified of interview status by:

Geropsychology Track:	January 1, 2015
Neuropsychology Track:	January 22, 2015 (Interview will be conducted at the International Neuropsychological Society conference or by-phone)
Chronic Pain/Disease Track:	January 16, 2015
Posttraumatic Stress Disorder Track	January 16, 2015

Residency offers will be made on Tuesday, February 17, 2015 per the 2015-2016 APPIC Selection Guidelines.

Questions about the residency programs and application process should be directed to the training director, Dr. Sylvers: patrick.sylvers@va.gov

TRAINING FACULTY

Geropsychology Track Supervisory Faculty

Kimberly Hiroto, Ph.D.

Geropsychologist, Home Based Primary Care
VA Puget Sound Health Care System, American Lake Division

Dr. Kimberly Hiroto received her doctoral degree from the University of Colorado at Colorado Springs, which helped develop the Pikes Peak model for training in geropsychology. She then completed her internship with an emphasis in geropsychology at the Palo Alto VA, where she remained as a postdoctoral fellow in Palliative Care. She remains active in the geropsychology community, serving as the Early Career Psychologist (ECP) on the APA Task Force to update the Guidelines for Psychological Practice with Older Adults, the ECP on the APA Committee on Aging, and most recently received an invitation to serve as the Early Career Co-Chair to the APA Presidential Initiative on Patient-Centered Medical Care Homes.

Douglas W. Lane, Ph.D., ABPP

Staff Psychologist/Geropsychologist, Geriatrics and Extended Care Service
VA Puget Sound Health Care System, American Lake Division
Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Douglas Lane completed his Ph.D. in Clinical Psychology through the University of Kansas. He is board certified in Clinical Psychology by the American Board of Professional Psychology and is also a member of the American Board of Geropsychology. Dr. Lane served as an active duty officer in the United States Army Medical Department from 1999-2003, which was followed by the completion of a postdoctoral fellowship at the Yale University School of Medicine, Department of Psychiatry. Dr. Lane is the Representative for the APA Society of Clinical Geropsychology to the Council of Specialties of the APA/American Board of Professional Psychology. His interests include older adult mental health care, healthy aging, mental health service delivery in long term care settings, and clinical instruction/training. An additional core interest is in the neuroscience and neuropsychology of higher cortical function. His theoretical orientation is integrative, including cognitive-behavioral, psychodynamic, and family systems theories.

Emily Trittschuh, Ph.D.

Clinical Neuropsychologist, Geriatric Research, Education, and Clinical Center
VA Puget Sound Health Care System, American Lake Division
Acting Assistant Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Emily Trittschuh completed her Ph.D. in Clinical Psychology at Northwestern University, and went on to complete a postdoctoral fellowship in Neuropsychology at Northwestern. Dr. Trittschuh's clinical interests involve neuropsychological assessment, with research interests in the neuropsychology of attention and memory in dementia, and functional/structural MRI.

Neuropsychology Track Supervisory Faculty

Natalie Dong, Ph.D., ABPP

Director, Center for Polytrauma Care

Rehabilitation Psychologist/Clinical Neuropsychologist, Rehabilitation Care Services

VA Puget Sound Health Care System, American Lake and Seattle Divisions

Dr. Natalie Dong received her Ph.D. in Clinical Psychology from the Graduate School of Psychology at Fuller, and completed her postdoctoral fellowship in Rehabilitation Psychology at Los Angeles County Rancho Los Amigos National Rehabilitation Center. In addition, Dr. Dong is board certified in Rehabilitation Psychology by the American Board of Professional Psychology. Dr. Dong provides program administration, management, and clinical services in the Center for Polytrauma Care at both the Seattle and American Lake facilities of the VA Puget Sound Health Care System. Dr. Dong's clinical and research interests are in acquired and traumatic brain injury, and adjustment to physical disability. Dr. Dong is a member of the Board of Directors of the American Board of Rehabilitation Psychology and member-at-large to the Executive Committee of APA Division 22.

Sarah Noonan, Ph.D.

Clinical Neuropsychologist, Rehabilitation Care Services

VA Puget Sound Health Care System, American Lake and Seattle Divisions

Dr. Sarah Noonan earned her Ph.D. in Clinical Psychology, with a specialization in neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral fellowship within the VA Boston Healthcare System, where she received advanced training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. Her interests center on the nature of plasticity and functional reorganization in neurological and psychiatric disorders, and designing and evaluating methods to maximize cognitive functioning.

Brett A. Parmenter, Ph.D., ABPP

Clinical Neuropsychologist, Mental Health Clinic

VA Puget Sound Health Care System, American Lake Division

Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences

University of Washington School of Medicine

Dr. Brett Parmenter completed her Ph.D. in Clinical Psychology at the University of Kansas. She completed a two-year postdoctoral fellowship in Clinical Neuropsychology at the University of Buffalo, State University of New York School of Medicine and Biomedical Sciences. She is board certified in clinical neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. Clinical interests include the neuropsychology and rehabilitation of neurological illness or injury affecting younger adults. Research/teaching interests include symptom validity testing and the role of non-neurologic factors on neuropsychological testing.

Interprofessional Care of Chronic Pain and Disease in Primary Care and Specialty Setting Track Supervisory Faculty

Amee Epler, Ph.D.

Staff Psychologist, Primary Care Mental Health Integration
VA Puget Sound Health Care System, American Lake Division

Dr. Amee Epler received her Ph.D. in Clinical Psychology (minor: statistics and research methodology) from the University of Missouri at Columbia. Dr. Epler went on to serve as a staff psychologist and Operations Manager for the Primary Care Mental Health Integration program at the Montgomery VA Medical Center, and held a faculty appointment in the Department of Psychiatry and Human Behavior at the University of Mississippi. Dr. Epler has been active in both clinical and academic pursuits, and has contributed significantly to the scientific community as both author and reviewer. Dr. Epler is certified in a number of evidence-based treatments, including Motivational Interviewing; Problem Solving Therapy; and Acceptance and Commitment Therapy. Dr. Epler's clinical and research interests are primarily in the area of the interface between physical health factors and psychological wellness.

Lauren Hollrah, PsyD

Staff Psychologist, Comprehensive Pain Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. Lauren Hollrah completed her PsyD in Clinical Psychology from Pacific University and a postdoctoral residency at Progressive Pain Associates with an emphasis on interprofessional, person-centered care of chronic pain. She worked in community mental health before joining the American Lake Division of the VA Puget Sound. She currently serves as the sole psychologist within the comprehensive pain clinic. Her theoretical orientation is integrative, primarily consisting of mindfulness and behavioral-based therapies.

Mary-Catherine Kane, Ph.D.

Staff Psychologist, Primary Care Mental Health Integration
VA Puget Sound Health Care System, American Lake Division

Dr. Mary-Catherine Kane completed her Ph.D. in Counseling Psychology from Western Michigan University, with an emphasis in marriage and family studies. She worked in community mental health before joining the American Lake Division of the VA Puget Sound. Clinical interests include using brief treatment strategies with individuals, couples and families in the primary care setting. Couples work includes integrating strategies of behavioral couple therapy with strategies for promoting acceptance in couples in order to reduce marital distress and improve relationship satisfaction. Her theoretical orientation is integrative, primarily consisting of family systems, mindfulness and behavioral-based therapies.

Russell A. McCann, Ph.D.

Team Leader, Telemental Health Service/Primary Care Mental Health Integration
VA Puget Sound Health Care System, American Lake Division

Dr. Russell McCann received his Ph.D. in Clinical Psychology from Seattle Pacific University, and a postdoctoral fellowship in Telemental Health and PTSD at the National Center for Telehealth and

Technology. Dr. McCann's clinical and research interests currently include the use of teletechnologies in mental health treatment, with an emphasis on PTSD and associated concerns.

Kristen L. Perry, Ph.D.

Staff Psychologist, Telemental Health Service/Primary Care Mental Health Integration
VA Puget Sound Health Care System, American Lake Division

Dr. Kristen Perry received her Ph.D. in Clinical Psychology from Seattle Pacific University, with an emphasis in Health Psychology. Dr. Perry's clinical and research interests currently include the use of teletechnologies in mental health treatment, with an emphasis on the assessment and management of physical and mental health conditions within a medical setting.

Posttraumatic Stress Disorder Treatment in Outpatient and Residential Settings Track Supervisory Staff

Allison C. Aosved, Ph.D.

Staff Psychologist, PTSD Outpatient Clinic
Clinical Coordinator, Women's Trauma Recovery Services
VA Puget Sound Health Care System, American Lake Division

Dr. Aosved is a Clinical Psychologist and the Women's Trauma Clinical Coordinator in the PTSD Outpatient Clinic at the American Lake Division. She joined VA Puget Sound after spending seven years with VA Pacific Islands where she served in a variety of roles including staff psychologist in the traumatic stress recovery program, military sexual trauma coordinator, evidence-based psychotherapy coordinator, and most recently director of training for the psychology internship and residency programs. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative and she is also the secretary for the national VA Psychology Training Council. Dr. Aosved completed a postdoctoral residency at the National Center for PTSD – Pacific Islands Division after earning her doctoral degree in clinical psychology at Oklahoma State University and completing a predoctoral internship at the Seattle Division of VA Puget Sound. Her diversity interests include addressing the needs of underserved populations, working with women veterans, working with LGBT veterans, and ensuring evidence-based interventions are culturally accessible to veterans. Her professional interests also include cognitive-behavioral interventions (current favorites include Prolonged Exposure, Unified Protocol, and Dialectical Behavior Therapy), clinical supervision and training, dissemination of evidence-based interventions, addressing the needs of women veterans, program evaluation and quality assurance specific to implementation of evidence based treatments, and research of sexual violence perpetration and prevention.

Noelle E. Balliett, Ph.D.

Staff Psychologist, PTSD Outpatient Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. Noelle Balliett received her Ph.D. in Clinical Psychology from the University of Tulsa, and completed a postdoctoral fellowship in Anxiety and Trauma at the VA San Diego Healthcare System. Dr. Balliett's clinical interests include: treatment and assessment of PTSD, nightmares and sleep impairments, comorbid anxiety disorders, and improvement of functional outcomes. She has expertise in Exposure, Relaxation, and Rescription Therapy-Military (ERRT-M), a manualized, evidence-based treatment for trauma-related nightmares. Dr. Balliett's research and teaching interests include clinical outcomes for trauma-focused therapy, integration of targeted sleep protocols into treatment, and supervision. Her orientation is primarily cognitive-behavioral, but also includes an interest in mindfulness and motivational interviewing techniques .

James R. Dillon, Ph.D.

Staff Psychologist, Veterans Intensive PTSD Program
VA Puget Sound Health Care System, American Lake Division

Dr. James Dillon completed his Ph.D. in Clinical Psychology at the University of Missouri - St. Louis, and a postdoctoral fellowship in the Interprofessional Treatment of Substance Abuse at the VA Puget Sound Health Care System Center of Excellence in Substance Abuse Treatment. In addition to veterans, he has worked with correctional and active duty military populations. Dr. Dillon's clinical interests include complex trauma and PTSD; the influence of gender on psychological functioning; lesbian, gay, and bisexual issues; and DBT and personality disorders. His teaching interests include the influence of culture on diagnosis, and countertransference.

Chalon Ervin, Psy.D.

Staff Psychologist, Veterans Intensive PTSD (VIP) Program
VA Puget Sound Health Care System, American Lake Division

Dr. Chalon Ervin received her Psy.D. in Clinical Psychology from the Georgia School of Professional Psychology at Atlanta, with an emphasis in Trauma Psychology. Dr. Ervin previously worked at the Huntington VA Medical Center in Huntington, West Virginia, where she worked primarily with Veterans in the Trauma Recovery Program. Dr. Ervin's clinical and research interests are primarily in the areas of PTSD, chronic mental illness, and evidence-based recovery-oriented approaches to treatment with Veterans.

Jennifer C. King, PhD.

Staff Psychologist, PTSD Outpatient Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. King is the POC's co-occurring substance use/PTSD specialist and serves as the liaison between the POC and ATC. Prior to her position in the POC, she worked as a graduate psychologist in the Substance Abuse Residential Rehabilitation Treatment Program at VA St. Louis Health Care System. Dr. King completed her doctorate at Palo Alto University and her internship at VA St. Louis Health Care System. Dr. King's diversity interests include working with underserved populations, particularly Veterans and offenders. Her professional interests include co-occurring substance use and PTSD in the Veteran population.

Michelle Loewy, Ph.D.

Team Leader, Veterans Intensive PTSD Program
VA Puget Sound Health Care System, American Lake Division

Dr. Michelle Loewy received her Ph.D. in Counseling Psychology from the State University of New York at Buffalo. Dr. Loewy's clinical interests include treatment and therapeutic outcomes for individuals with PTSD. She is particularly interested in client centeredness in therapy, drawing from Acceptance and Commitment Therapy (ACT), Prolonged Exposure therapy and Solution Focused therapy. Dr. Loewy is also passionate about system issues with regard to patient care, particularly surrounding access to services and patient flow.

David M. Slagle, Ph.D.

Staff Psychologist, PTSD Outpatient Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. David Slagle received his Ph.D. in Clinical Psychology from the University of Wyoming, and completed a postdoctoral fellowship at the University of Washington Center for Anxiety and Traumatic Stress, where he received advanced training in Prolonged Exposure for PTSD. Dr. Slagle joined the VA Puget Sound Health Care System in 2008, working as the site psychologist for VA Cooperative Study 566 (Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study) and providing psychotherapy in the PTSD Outpatient Clinic at the Seattle Division. His clinical interests include traumatic stress and psychotherapeutic process. Dr. Slagle's theoretical orientation is integrative, primarily consisting of cognitive-behavioral, interpersonal, and existential therapies.

Dale E. Smith, Ph.D.

Team Leader, PTSD Outpatient Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. Dale Smith completed his Ph.D. in Social and Community Psychology at the University of Florida, followed by a doctoral respecialization in Clinical Psychology at the University of Washington. Dr. Smith's clinical and research interests include the assessment and treatment of post-traumatic stress disorder and the effectiveness of therapeutic interventions in the alleviation of this disorder.

Ruth L. Varkovitzky, Ph.D.

Staff Psychologist, PTSD Outpatient Clinic
VA Puget Sound Health Care System, American Lake Division
Assistant Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Ruth Varkovitzky received her Ph.D. in Clinical Psychology from Northern Illinois University, and completed a pre-doctoral internship with PTSD emphasis at the Cincinnati VA Medical Center, where she became a certified Cognitive Processing Therapy provider. Dr. Varkovitzky then continued on to a PTSD postdoctoral fellowship in the New Mexico VA Healthcare System, where she received advanced training in Prolonged Exposure. She joined the VA Puget Sound Health Care System in the spring of 2013 as a staff psychologist in the PTSD Outpatient Clinic. She is also currently an assistant site investigator on CSP 591, a multi-site VA project comparing effectiveness of Prolonged Exposure and Cognitive Processing Therapy in reducing PTSD symptoms in Veterans. Her professional interests include PTSD,

training/supervision, multicultural issues, and provision of services for female Veterans. Dr. Varkovitzky's theoretical orientation integrates cognitive-behavioral, interpersonal, and social learning perspectives.

Non-Supervisory Training Staff

Zeba S. Ahmad, Ph.D.

Staff Psychologist, Addictions Treatment Clinic
VA Puget Sound Health Care System, American Lake Division

Dr. Zeba Ahmad completed her Ph.D. in Clinical Psychology at Seattle Pacific University. Prior to joining the American Lake Division in 2012, Dr. Ahmad worked as a provider within the WA State Department of Corrections. Dr. Ahmad is highly active in the psychological community, and holds positions within the WA State Psychological Association Committee for Ethnic and Minority Affairs; WA State Veterans Forum; and is a founding member of Citizens Interacting with Veterans in Life (CIVIL), a volunteer organization aiming to create a network of support for Muslim American military personnel, their families, and civilian communities. Clinical and research interests include treatment of Addictions, PTSD, and Chronic Pain in military veterans and their families. Dr. Ahmad also holds an interest in the assessment and treatment of psychological disorders among racial and ethnic minority veteran populations. Her theoretical orientation is cognitive-behavioral within a systems paradigm.

Janna L. Fikkan, Ph.D.

Associate Director, Psychology Training
Clinical Health Psychologist, Mental Health Clinic
VA Puget Sound Health Care System, American Lake Division
Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Janna Fikkan completed her Ph.D. in Clinical Psychology at the University of Vermont, and a postdoctoral fellowship in Health Psychology at Duke Integrative Medicine/Duke University Medical Center. Dr. Fikkan formerly served as Assistant Director of Health Psychology at Duke Integrative Medicine, where she was involved in the development and delivery of mindfulness-based interventions for enhancing health and wellness, as well as expanding the practice of patient-centered care in a major academic medical center. Clinical and research interests include the use of mindfulness and acceptance-based psychological approaches to reduce the impact of mental illness on overall well-being and physical health. Dr. Fikkan's theoretical orientation integrates behavioral and mindfulness-based approaches within an interpersonal framework.

Patrick D. Sylvers, Ph.D.

Director, Psychology Training
Staff Psychologist, Mental Health Clinic
VA Puget Sound Health Care System, American Lake Division
Acting Assistant Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Patrick Sylvers received his Ph.D. in Clinical Psychology from Emory University, and completed a postdoctoral fellowship at the VA Puget Sound Healthcare System, Seattle Division, where he received advanced training in Acceptance and Commitment Therapy for Depression and Anxiety as part of a randomized controlled trial. Dr. Sylvers joined the VA Puget Sound Health Care System in 2011, working as a staff psychologist on Seattle's inpatient PTSD program and providing psychotherapy to outpatients in the PTSD Outpatient Clinic. His clinical and research interests include mood and anxiety disorders, modular approaches to psychotherapy, clinical decision making, and personality pathology. Dr. Sylvers' theoretical orientation is integrative, focused primarily on mindfulness-based, behavioral, and interpersonal approaches to psychotherapy.

Amanda Ernst Wood, Ph.D.

Research Clinical Psychologist, Mental Health Research

VA Puget Sound Health Care System, American Lake Division

Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

Dr. Amanda Wood received her Ph.D. in Clinical Psychology from the Graduate School of Psychology at Fuller, and completed a postdoctoral fellowship in Chronic Mental Illness and Neuropsychology at the University of Washington/VA Puget Sound Health Care System. Dr. Wood's research interests include the treatment of schizophrenia, substance abuse, and PTSD.



GEROPSYCHOLOGY TRACK

Track Co-Coordinator: Douglas Lane, PH.D., ABPP

Board Certified in Clinical Geropsychology

VA Puget Sound Healthcare System, American Lake Division (116a)

9600 SW Veterans Drive

Tacoma, WA 98493

Telephone: (253)583-2015

Email: Douglas.Lane@va.gov

Track Co-Coordinator: Kimberly Hiroto, PH.D.

VA Puget Sound Healthcare System, American Lake Division (116a)

9600 SW Veterans Drive

Tacoma, WA 98493

Telephone: (253)583-1210

Email: Kimberly.Hiroto@va.gov

Length of Training: One year.

Overview: The mission of the training program is to prepare Residents to function as independent scholar practitioners in the field of clinical neuropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of biopsychosocial issues related to aging and treatment of those issues. The program adheres to the Pike's Peak Model (*Knight et al., American Psychologist, 2009, 64, 205-214*) for specialty training in professional geropsychology, as described by Division 12, Section II of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Geropsychology.

The residency year is split between two major rotations and one area of emphasis.

Major Rotations

Community Living Center / Primary Care: Residents spend 40% of their time over the course of the year training in the Community Living Center and with the Geriatric Medicine team embedded within Primary Care. The Geriatric Medicine team uses patient education, preventive care services, lifestyle coaching, family-involved care plans, and early detection screenings to provide whole person and person-centered care. Additional experiences affiliated with primary care include the Blind Rehabilitation service and the Amyotrophic Lateral Sclerosis (ALS) clinic. Dedicated in 2010, the CLC at VA Puget Sound American Lake is a state-of-the-art, LEED-certified facility based around a new concept called "cultural transformation" that encourages individualized care and involves the input of staff, residents, and family members. A culturally transformed community is an environment that treats residents as a whole, based on their individual medical, psychological, social, and spiritual needs. Residents training at the CLC will work in an interprofessional setting including physicians, nurses, social workers, occupational therapists, recreational therapists, dietitians, physical therapists, and chaplains. This part of the rotation is housed in the Geriatrics and Extended Care Service Line which has its own accredited Geriatric Medicine Fellowship; the psychology resident will be integrated into these training experiences as appropriate. The resident will be responsible for direct patient care, consultation, and staff education. The primary supervisor for the primary care portion of the fellowship is Douglas Lane, PhD, ABPP, with additional consultation in Telemental Health provided by Russell McCann, PhD.

Home-Based Primary Care: Residents also train for 40% of their time in the Home-Based Primary Care program (HBPC). Within HBPC, fellows work as part of an interprofessional team consisting of nursing, pharmacy, medicine, dietetics, social work, physical and occupational therapy, and recreational therapy. Residents train alongside Geriatric Medicine fellows, pharmacy students and medical residents. This program of home-care provides short or long-term treatment to chronically ill veterans. The HBPC program aims to serve aging, and often medically frail veterans with complicated, progressive illnesses, such as congestive heart failure, chronic obstructive pulmonary disease, neuro-degenerative diseases (Parkinson's disease, dementia, ALS), and cancer, providing comprehensive care and attending to the whole person. Additionally, Veterans enrolled in HBPC frequently live with comorbid psychiatric disorders including depression, bereavement, anxiety, and PTSD. HBPC providers also support Veterans' caregivers with multiple issues including medical care, adjusting to the Veteran's chronic illness, anticipatory grief and bereavement, and end-of-life care. The HBPC program ultimately aims to enhance the Veteran's quality of life and sense of autonomy in ways that are culturally sensitive and aligned with the Veteran's values and goals. This is accomplished by ensuring that the Veterans—and his/her family are partners in decision making throughout the Veteran's care, and that Veteran's care is closely coordinated among team members. The HBPC team often follows Veterans for the duration of their life, including addressing issues related to palliative and end-of-life care. Residents are responsible for direct clinical services (psychotherapy, diagnostic assessment, and behavioral and/or environmental interventions), consultation, and staff education. The primary supervisor for the home-based primary care portion of the fellowship is Kimberly E. Hiroto, PhD.

Area of Emphasis

Residents choose one of three areas of emphasis over the course of the training year as their third rotation. They will spend 20% of their time participating in their chosen area over the course of the year. The three areas of emphasis are:

Dementia Special Care Unit (DSCU): Residents choosing the DSCU as their area of emphasis gain exposure to specialized therapy approaches, specialty assessments, and non-pharmacological interventions to manage challenging behavioral issues. The DSCU team comprises geriatricians, geropsychiatrists, chaplains, nurses, nurse practitioners, social workers, rehabilitation specialists, dietitians, and geropsychologists. Residents primary responsibilities include providing direct patient care, family consultation, and staff education. Additionally, psychology residents have the opportunity to supervise psychology interns. Dr. Douglas Lane is the primary supervisor in the Dementia Care Unit.

Hospice Care: Residents choosing Hospice Care as their area of emphasis gain exposure to the unique clinical, ethical, and legal challenges in this area of work. As part of this experience, residents work in an interprofessional setting comprising physicians, nurse practitioners, social workers, nurses, chaplains, rehabilitation therapists, dietitians, volunteers, and geropsychologists. Residents' role on the unit would be providing direct patient care, assessment, staff education, and consultation. Dr. Douglas Lane is the primary supervisor in Hospice Care.

Telemental Health: Within VA, there is a growing emphasis on the development and use of Telemental Health services to reach rural and highly rural Veterans as well as provide services to those for whom traveling to the clinic is otherwise contraindicated. As part of this experience, residents would work through the primary care service's telemental health program to deliver psychotherapy services using telehealth technology. Dr. Russell McCann is the primary supervisor in telemental health.

Clinical Geropsychology Specialization Competencies

Clinical Geropsychology has been recognized as a proficiency area by the American Psychological Association and the related guidelines for competence have been approved by APA Council in 2003; they appear on the APA website. This emphasis area involves training in the following thirteen areas of competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and Crisis intervention Services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, geropsychology offers a number of specialty specific didactics. Weekly geropsychology lectures are designed to prepare the resident for board certification.

Required:

- Geropsychology Seminar Series – Approximately one hour per week;
- Geriatric Research, Education, and Clinical Center Lectures Series – One hour per month;
- Interprofessional Didactic Series – One hour per month.

Optional:

- Psychology Service Journal Club – One hour per month;
- Psychology Service Didactic Series – One hour per month;
- University of Washington, Geriatric Medicine Grand Rounds – One hour per month;
- University of Washington, Psychiatry Grand Rounds – One hour per month.

NEUROPSYCHOLOGY TRACK

Track Co-Coordinator: Brett Parmenter, PH.D., ABPP

Board Certified in Clinical Neuropsychology

VA Puget Sound Healthcare System, American Lake Division (116a)

9600 SW Veterans Drive

Tacoma, WA 98493

Telephone: (253)583-2729

Email: Brett.Parmenter@va.gov

Track Co-Coordinator: Sarah Noonan, PH.D.

VA Puget Sound Healthcare System, American Lake Division (117a)

9600 SW Veterans Drive

Tacoma, WA 98493

Telephone: (253)583-1843

Email: Sarah.Noonan@va.gov

Length of Training: Two years.

Overview: The mission of the training program is to prepare Residents to function as independent clinical scientists in the field of clinical neuropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships, and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

The Resident will learn to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Residents use a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, thus integrating research with clinical practice.

We work with other specialists, such as Speech and Occupational Therapists, to ensure tailored follow-up for Veterans.

Goals: Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical neuropsychology. This includes expertise within the seven core domains highlighted in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development).

At the completion of the residency, Residents are expected to demonstrate the following:

- Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of brain-behavior relationships;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment;
- A formal evaluation of competency in Criteria 1 through 3;
- Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology.

Teaching Methods: The Resident will be affiliated with the Outpatient Mental Health Neuropsychological Consult Service and the Center for Polytrauma Care. The Resident typically completes 2-3 neuropsychological evaluations per week across various clinics (as described below). Residents will gain experience with supervision of more junior trainees (interns) under faculty supervision. Residents also complete individual and group psychotherapy during residency, the frequency and intensity of which may vary depending upon prior training experiences. Psychological interventions will also include feedback about assessment results and education for the patient and families.

The first year of the Residency program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology. In the second year, the Resident will have the opportunity to further work with faculty to develop a more individualized training plan that best fits their training needs and career goals, and may request additional training within an area of focus or specialty clinic. This may include a focus in geriatric neuropsychology, supervision of more junior trainees, or program development/evaluation. Residents will work with a variety of neuropsychology supervisors during the course of their residency. Currently, 4 neuropsychology faculty contribute to supervision. The Resident's primary supervisor will be a Track Co-Coordinator of the neuropsychology residency.

This residency provides experience in a number of clinical settings, allowing the Resident to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, Residents will be involved in the clinical interview, test administration, data scoring, report writing, patient feedback, and interprofessional team consultation/collaboration. Residents will provide clinical services within most of the settings described below, although the duration of time dedicated to each service is not equal. Residents are primarily at the Outpatient Mental Health Neuropsychology Consult Service and the Polytrauma program.

Outpatient Mental Health Neuropsychology Consult Service (OMH-NCS): Residents serve as consultants and provide assessments as part of the OMH-NCS. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, dementia, epilepsy/seizure, stroke, and cognitive dysfunction secondary to a medical or psychiatric condition. The Resident may also elect to focus on capacity referrals or the cognitive component of a transplant evaluations when available. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. The majority of evaluations are completed at the Mental Health Clinic. Neuropsychological evaluations may also be completed through the Community Living Center. Opportunities for neuropsychology-specific group interventions are available and include psychoeducational/cognitive rehabilitation interventions.

Center for Polytrauma Care: The Polytrauma System of Care provides Physical Medicine and Rehabilitation services to Veterans with acquired brain injury and polytrauma injuries which may include multiple combat-related injuries, stroke, brain tumor, anoxic/hypoxic injury, and traumatic brain injury. A majority of patients are Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND). The Center for Polytrauma Care at VA PSHCS serves as a consultation and referral site for the geographic region of Alaska, Idaho, Oregon and Washington.

Neuropsychology Residents develop skills in assessment, triage, and intervention for Veterans with complex presentations including a focus on remote concussion injuries. Residents will develop skills in individual and group intervention focused on cognitive rehabilitation. They may also develop intervention skills in coping and adjustment to disability. The Resident will also serve as part of the multidisciplinary Polytrauma clinical team that includes physician, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, social work, and nursing staff.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, neuropsychology offers a number of specialty specific didactics. Weekly neuropsychology and rehabilitation psychology lectures are designed to prepare the resident for board certification. During Year 2, Residents help to organize the weekly in-house neuropsychology seminar series, which includes presentations by clinical neuropsychology supervisors and research staff, VA neurologists, and neuropsychology Residents and interns.

Required:

- Neuropsychology Seminar Series – Approximately one hour per week;
- Geriatric Research, Education, and Clinical Center Lectures Series – One hour per month;
- Interprofessional Didactic Series – One hour per month.

Optional:

- Psychology Service Journal Club – One hour per month;
- Psychology Service Didactic Series – One hour per month;
- University of Washington, Neurology Grand Rounds – One hour per month;
- University of Washington, Psychiatry Grand Rounds – One hour per month.

INTERPROFESSIONAL CARE OF CHRONIC PAIN AND DISEASE IN PRIMARY CARE AND SPECIALTY SETTINGS TRACK

Track Co-Coordinator: Mary Catherine Kane, PH.D.

VA Puget Sound Healthcare System, American Lake Division (116a)
9600 SW Veterans Drive
Tacoma, WA 98493
Telephone: (253)583-1642
Email: marycatherine.kane@va.gov

Track Co-Coordinator: Lauren Hollrah, Psy.D.

VA Puget Sound Healthcare System, American Lake Division (117a)
9600 SW Veterans Drive
Tacoma, WA 98493
Telephone: (253)583-2887
Email: Lauren.Hollrah@va.gov

Length of Training: One year.

Overview: The mission of the training program is to prepare Residents to function as independent clinical scientists in the field of clinical neuropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships, and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

Primary Care Mental Health Integration (PCMHI)

The resident in PCMHI practices consultation, collaboration, and intervention within a primary care medical setting. The resident spends most of their time training in a fast-paced, dynamic environment with Patient Aligned Care Teams (PACT). As part of this training, they provide a variety of psychological services in a same day access clinic including “curbside” consultation, functional assessments, suicide and risk assessments, and screening assessments for referral purposes and treatment planning. Residents also train using brief evidence based treatments for psychological and behavioral health issues including individual interventions and facilitating psychoeducational groups related to behavioral medicine and chronic disease management.

The resident attends weekly Primary Care staff and nursing meetings and daily PACT “huddles.” An important emphasis throughout the residency training year is learning to develop strong, collaborative working relationships with PACTs, to decrease Veteran’s perceived stigmas related to the utilization of behavioral health services, and to improve Veteran’s health using brief and evidence based interventions. Residents also have the opportunity to educate primary care staff on psychological interventions that support medical treatment and engage in program evaluation. There are also research opportunities available.

Pain Clinic

The outpatient pain clinic and residential pain program are part of anesthesiology service and is staffed by psychologists, psychiatrists, physician assistants, and physical therapists. The residential program consists of a time-limited and intensive treatment experience. A core tenant in treating chronic pain is whole person and patient-centered health care, and this rotation facilitates interprofessional training at its core. Residents training opportunities include conducting interprofessional clinical interviews, administering evidence-based group and individual psychotherapy related to chronic pain management, and consultation with providers from other clinics. The primary theoretical framework for intervention is Acceptance and Commitment Therapy. Residents would also gain training in other evidence-based interventions, such as mindfulness-based interventions, cognitive behavioral therapy, self-hypnosis, and Mantram repetition.

Goals: Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical psychology.

At the completion of the residency, Residents are expected to demonstrate the following:

- Development of advanced skill in delivering time-limited psychological services within outpatient and residential interprofessional medical settings;
- Development of advanced understanding of the relationship between chronic physical illness/pain and psychological distress;
- Fulfillment of eligibility requirements for board certification in clinical psychology by the American Board of Professional Psychology.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, this residency offers a number of specialty specific didactics.

Required:

- Primary Care/Chronic Pain Seminar Series – Approximately one hour per week;
- Geriatric Research, Education, and Clinical Center Lectures Series – One hour per month;
- Interprofessional Didactic Series – One hour per month.

Optional:

- Psychology Service Journal Club – One hour per month;
- Psychology Service Didactic Series – One hour per month;
- University of Washington, Psychiatry Grand Rounds – One hour per month.

POSTTRAUMATIC STRESS DISORDER TREATMENT IN OUTPATIENT AND RESIDENTIAL SETTINGS

Track Co-Coordinator: Allison Aosved, PhD

VA Puget Sound Healthcare System, American Lake Division (116a)
9600 SW Veterans Drive
Tacoma, WA 98493
Telephone: (253)583- 1720
Email: allison.aosved2@va.gov

Track Co-Coordinator: Michelle Loewy, PhD

VA Puget Sound Healthcare System, American Lake Division (117a)
9600 SW Veterans Drive
Tacoma, WA 98493
Telephone: (253)583-2710
Email: michelle.loewy@va.gov

Length of Training: One year.

Overview: The mission of the training program is to prepare residents to function as independent clinical scientists in the field of clinical psychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of the etiology, comorbidities, and treatment of trauma related disorders, including PTSD. This program integrates clinical work along with opportunities for administrative, research, and supervisory experiences within the context of outpatient and residential PTSD treatment. Residents rotate through the PTSD outpatient clinic (POC) and the Veterans Intensive PTSD program (a 4-week residential program). Specifically, residents spend their first six months splitting their clinical time with approximately 80% time in the outpatient clinic and 20% time in the residential program and the latter six months of the training year with 80% time in the residential program and 20% time in the outpatient clinic.

PTSD Outpatient Clinic (POC)

Overall Treatment Model

The Posttraumatic Stress Disorder (PTSD) Outpatient Clinic (POC) is a specialized, outpatient clinic that provides evidence-based, trauma-focused treatment for veterans who struggle with PTSD as a result of their military service. Treatment in the POC is largely group based, with a number of treatment options available to help prepare a veteran for an evidence-based, PTSD-focused intervention. Such evidence-based, PTSD-focused interventions may occur within a group or individual format.

The POC recognizes that many veterans who struggle with PTSD may not feel ready to directly address the traumas they experienced. Treatment is available for veterans who do not yet feel ready to address their trauma experiences, but who recognize that a goal of their program involvement is to be able to do so; this is often referred to as Phase 1 or the Preparation Phase of POC treatment. These treatments include the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), Cognitive Behavioral Therapy for Insomnia (CBT-I), Exposure, Relaxation, and Rescription Therapy (ERRT-M), Acceptance and Commitment Therapy (ACT), and Seeking Safety.

For those Veterans who are ready to engage in trauma-focused work, treatment is available that has been scientifically shown to be effective, including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE); this is often referred to as Phase 2 or the PTSD/Trauma Focused Phase of POC treatment.

Aftercare is also available to help Veterans maintain the gains they have achieved and to pursue further engagement in life. Many of the aftercare services are available outside of the POC in other VA clinics. Aftercare is often referred to as Phase 3 or the Transition Phase of treatment in the POC. Aftercare may also take place outside of the VA within various community programs.

The overarching goal of the POC is to assist veterans in their recovery from the disabling and distressing consequences of their condition. For some veterans, this may be remission of PTSD, for others it may be a lessening in the symptoms with which they struggle, while for other veterans it may be seeking to improve the quality of their lives in spite of having PTSD. For all veterans who enter into treatment, the objective of the clinic is the same, that is, to assist in their efforts to change and to have a more meaningful life.

The Role of the Residents

PTSD Outpatient Clinic (POC)

A resident's duties in the POC are to provide mental health treatment to include intake interviews, integrated assessments, collaborative treatment plan development with Veterans, and time-limited focused interventions on both an individual and group basis. Comprehensive psychodiagnostic assessment may be required for Veterans with complex symptom presentations. A resident may also be asked to help develop tailored services for the unique needs of patients, such as designing assessment batteries or intake procedures. Residents will coordinate care with other members of the Veteran's interdisciplinary care team, including medical staff, rehabilitation specialists, and family members, as necessary.

While on the POC rotation, the resident typically functions as the primary therapist for the Veterans on his/her caseload. The Veterans served by the POC often present with a variety of co-morbid disorders and psychosocial issues that necessitate interventions in addition to those that are trauma-focused. Residents are important members of the POC team, participating fully in administrative and case consultation meetings. Residents will also have the opportunity to engage in administrative projects, research tasks, and supervisory experiences with pre-doctoral trainees.

Veterans Intensive PTSD Program (VIP)

The resident in VIP practices consultation, case management, collaboration, and intervention within an interprofessional treatment team consisting of psychologists, social workers, recreation therapists, and psychiatrists. The resident trains in psychodiagnostic assessment, consultation, and treatment of trauma related disorders. The resident will enhance skills in both group and individual therapy for Veterans with complex trauma presentations. Among the treatment modalities used within the residential PTSD program are prolonged exposure therapy, cognitive processing therapy, acceptance and commitment therapy, and dialectical behavior therapy. . The resident participates in weekly interprofessional team meetings and is considered an integral member of the treatment team.

Additionally, the resident will be actively coordinating program evaluation efforts in the VIP program. Responsibilities will include organizing and supporting data collection, managing data entry staff, and

synthesizing and analyzing outcomes. Research opportunities and further administrative leadership opportunities in this area are available.

Goals: Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical psychology.

At the completion of the residency, Residents are expected to demonstrate the following:

- Development of advanced skill in the diagnosis, treatment, and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of posttraumatic stress disorder;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal, quality improvement project, or outcome assessment;
- Fulfillment of eligibility requirements for board certification in clinical psychology by the American Board of Professional Psychology.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, the PTSD program offers a number of specialty specific didactics. Approximately 40-50 hours of PTSD psychology didactic trainings are designed to provide the resident with advanced knowledge of PTSD and to prepare the resident for board certification. The didactic training may occur via online trainings, webinars, in-person lectures, experiential trainings, and/or case conferences and may include some of the optional offerings listed below. Didactic trainings are individually tailored with the resident during the course of the training year; thus, some of the optional offerings below could be required for any given resident given his/her needs.

Required:

- PTSD Seminar Series – Approximately 40-50 hours over the course of the training year;
- Interprofessional Didactic Series – One hour per month.

Optional:

- Psychology Service Journal Club – One and a half hours per month;
- Psychology Service Seminar Series – One and a half hours per month;
- University of Washington, Psychiatry Grand Rounds – One hour per month;
- National Center for PTSD Didactic Series – One hour per month;
- PTSD Research Meetings – VA Puget Sound, Seattle Division;
- VA National Military Sexual Trauma (MST) Didactic Series – One hour per month;
- VA National MIRECC Didactic Series- One hour per month.